

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KW	45	5/2/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1				51				101			
2				52				102			
3				53				103			
4				54				104			
5				55				105			
6				56				106			
7				57				107			
8				58				108			
9				59				109			
10				60				110			
11				61				111			
12				62				112			
13				63							
14				64				114			
15				65				115			
16				66				116			
17				67				117			
18				68				118			
19				69				119			
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21				71				121			
22				72				122			
23				73				123			
24				74				124			
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26				76				126			
27				77				127			
28				78				128			
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30				80				130			
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32				82				132			
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34				84				134			
35				85				135			
36				86				136			
37				87				137			
38				88				138			
39				89				139			
40				90				140			
41											
42				91				141			
43				92				142			
44				93				143			
45				94				144			
46				95				145			
47				96				146			
48				97				147			
49				98				148			
50				99				149			
				100				150			

If more than 150 claims or 10 actions  
staple additional sheet here

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